(Rev. 5/05)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE

(1) Joshua Stephenson 49400 (Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)
(2) Joshua Stephenson 449400

(Complete Address with zip code)

(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)

(1) WPD-Parties involved
(2) CMS-Paties involved
(3) EUVanks-Thomas End. Audr

(Names of Defendants)

(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)

CA08-173 JF

(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT

Jury Trial Requested



I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, pleas list the prisoner and case number including year, as well as the name of the judicial officer to whom it was assigned:

| 06/1022028, 06/20/0374, 07080/8465, | |
|--|----|
| Parties involved 2007 metal data 32000 | 15 |
| November and August. Charges (2) counts | |
| of Termonistr. Threating, resisting arrest, assult | |
| 3rd. And Assult 2ND, ASSULT DET Facil. | |
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II.

III.

EXHAUSTION OF ADMINISTRATIVE REMEDIES In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action. A. Is there a prisoner grievance procedure available at your present institution? • • Yes • • No B. Have you fully exhausted your available administrative remedies regarding each of your present claims? Yes · · No C. If your answer to "B" is Yes: 2. What was the result? D. If your answer to "B" is No, explain why not: **DEFENDANTS** (in order listed on the caption) (1) Name of first defendant: Employed as Mailing address with zip code: (2) Name of second defendant:

Employed as Mailing address with zip code:

(3) Name of third defendant:

Mailing address with zip code:

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

V.

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

| 1. | unecessary delay in indictment |
|-----------------------|---|
| | 45-60 days, and denile of |
| | Speedy trial 120 days. Etc- |
| | (Boiling) |
| 2. | Standard Operating Proceedures |
| | and inadoquatte medical service |
| | CACESSIVE FOICE. |
| 3. | Ineffective council |
| | of motion, Conflict of in trest, |
| | exposure of cofidentiality-and |
| | <u>Various patient hand book of nights</u> |
| RELIEF | |
| (State briestatutes.) | efly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or |
| 1. | Sandction-Cash conpensation |
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I declare under penalty of perjury that the foregoing is true and correct.

| Signed this | _3_ | day of _ | April | | , 2008 |
|-------------|-----|----------|-----------------------|-------|--------|
| | | | Just Stylier | vor_ | |
| | | | Signature of Plainti | ff 1) | |
| | | | Signature of Plainti | | |
| • | | | (Signature of Plainti | ff 3) | |

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